

DRY CLEANING ENVIRONMENTAL RESPONSE TRUST (DERT) FUND REIMBURSEMENT CLAIM WORKSHEET

I. FACILITY OR ABANDO	NED SITE INFORM	MATION (PLEASE PRI	INT)				
FACILITY NAME OR ABANDONE		COUNTY PLANT NUMBER		TRACKING/	TRACKING/INVOICE NO. (DEPT. USE ONLY)		
		WORKPLAN NUMBER	PHASE NUMBER				
		World Earling Medical	THINGE HOMBER				
SITE ADDRESS		CITY		STATE	ZIP CODE		
II. APPLICANT (PLEASE	PRINT)						
NAME							
ADDRESS		CITY		STATE	ZIP CODE		
PHONE NUMBER		FAX NUMBER	FAX NUMBER		FEDERAL IDENTIFICATION NUMBER		
III. HAVE YOU APPLIED I	FOR REIMBURSEN	MENT FROM ANY OTH	HER SOURCE FO	OR CONTAMINAT	ION AT THIS SITE?		
YES NO IF YES, PLEA	ASE LIST						
,							
IV. IS THE OWNER OR O		MPLIANCE WITH ALL	. APPLICABLE F	EDERAL OR STA	TE ENVIRONMENTAL STATU	JTES,	
YES NO IF NO, PLEA	SE LIST						
VIIST THE CONTRACT	TORS SUBCONT	RACTORS CONSUL	TANTS FIRMS	OR OTHERS TH	AT PERFORMED ASSESSA	/ENT	
V. LIST THE CONTRACTION OR CONTRACTI	TORS, SUBCONT	RACTORS, CONSULTON ACTIVITIES AT THE	TANTS, FIRMS HE SITE.	OR OTHERS TH	AT PERFORMED ASSESSM	ΛΕΝΤ,	
V. LIST THE CONTRAC' INVESTIGATION OR C	TORS, SUBCONT CORRECTIVE ACTI PHONE	RACTORS, CONSULTON ACTIVITIES AT THE	HE SITE.	OR OTHERS TH	_		
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DRY CLEANING ENVIRONMENTAL RESPONSE TRUST (DERT) FUND ELIGIBLE COST SUMMARY REPORT

Report the actual costs incurred and paid and corrective action activities that occ should match those from the attached w	curred at the site. These cost numbers	WORKPLAN NO.	PHASE NO.
COST CATEGORY	COSTS (Include costs incurred on or after Aug. 28, 2000)	EXPLANATION (Department use only)	TOTAL COSTS APPROVED (Department use only)
Environmental Consulting Services			
Soil Boring/Monitoring Well Installation			
Laboratory Analyses			
Equipment Rental/Lease/ Purchase			
Excavation			
Hauling			
Disposal/Treatment			
Site Restoration (backfill, etc.)			
Remediation Activities			
Groundwater Monitoring			
Other Costs (Permits, etc.)			
Operation and Maintenance			
Total Costs Claimed			
The amount of eligible costs claime amount is exceeded all eligible cost	ed will be reduced by the deductible as will be recognized up to, but not e	amount of \$25,000 for active and at	pandoned sites. After the deductible
I certify that the information conta	ined in this reimbursement application	tion is accurate and complete. I am	
CLAIMANT SIGNATURE	resugation and corrective action of re	leases and existing contamination of	DATE DATE
PRINTED NAME			



DRY CLEANING ENVIRONMENTAL RESPONSE TRUST (DERT) FUND COST WORKSHEET

PARTICIPANT NAME		V	WORKPLAN NO. PHASE NO.				
NAME OF FACILITY			C	COUNTY PLANT/I.D. NO.			
THE COS	STS ITEMIZED B	BELOW ARE FOR THE FOLLOW	ING COST	CATEGORY (CHECK ONLY ON	NE)		
☐ Enviro	nmental Consult	ing Services	[☐ Disposal/Treatment			
☐ Soil Boring/Monitoring Well Installation			[☐ Site Restoration (backfill, etc.)			
☐ Laboratory Analyses			[☐ Remediation Activities			
☐ Equipment Rental/Lease/Purchase			[Groundwater Monitoring			
☐ Excavation			[Other Costs (permits, etc.)			
☐ Haulin	g		[Operation and Maintenance			
DATE OF SERVICE	NUMBER AND DATE OF CHECK	FIRM NAME	INVOICE NO.	SERVICE RENDERED	COST PER UNIT	TOTAL COST	



DRY CLEANING ENVIRONMENTAL RESPONSE TRUST (DERT) FUND WORKSHEET INSTRUCTIONS

You are required to detail the costs from the invoices you submit for investigation and remediation activities. Use this form for all reimbursement applications to the DERT Fund.

- 1. Fill out your name and the name of the facility along with the county plant number of the facility or I.D. number, workplan number and phase number.
- 2. Check the cost category on the form. Itemize the costs on multiple copies of this form. One form should be used to record cost information for Environmental Consulting Services, one form for Soil Boring/Monitoring Well Installation, etc.
- 3. The date of service is the date the investigation or remedial activities were conducted.
- 4. The date and number of check used to pay the cost being itemized.
- 5. The firm name is the name of the consultant or vendor to whom the payment was issued.
- 6. The invoice number is the number of the invoice where the cost item is located.
- 7. The service rendered is the task or activity that was completed for which cost reimbursement is being requested.
- 8. The cost per unit is the total cost per unit of additional work performed during site investigation or remedial activities. This item must have prior approval before it is considered an eligible expense from the DERT Fund.
- 9. Calculate a total cost for each sheet at the bottom and transfer this number to the appropriate line on the Eligible Cost Summary Report.
- 10. Submit the *Reimbursement Application, Eligible Cost Summary Report,* the *Cost Worksheets,* copies of invoices and cancelled checks, copies of bids and other relevant information with the DERT Application form to the address below.

Brownfields/Voluntary Cleanup Section
Missouri Department of Natural Resources
Drycleaning Environmental Response Trust (DERT) Fund
P.O. Box 176
Jefferson City, MO 65102-0176

For more information call (573) 526-8913 Fax (573) 526-8922